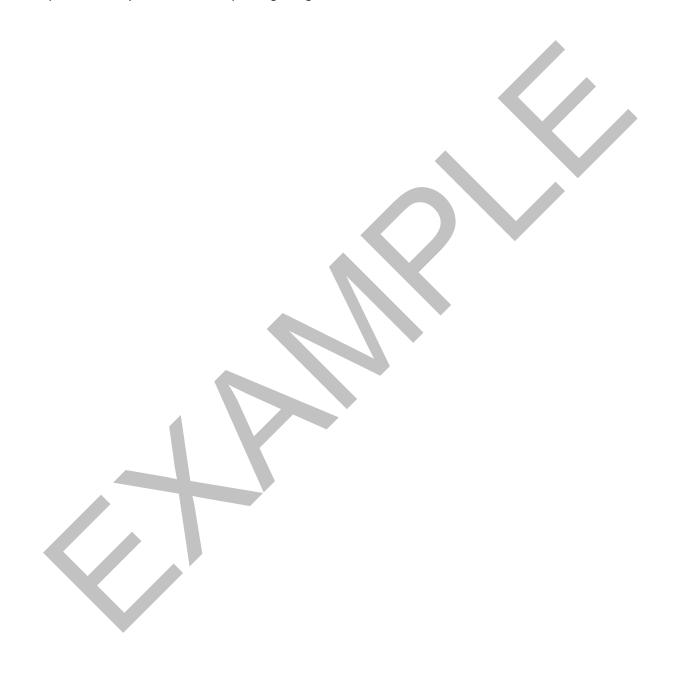
#### Marketplace Citizenship Data Matching 60 Day Reminder Notice – Single Applicant

Example: Carson Wood filled out an application to enroll in a qualified health plan (QHP) through the Marketplace. The Marketplace couldn't verify Carson's citizenship status with Social Security (SSA). The Marketplace sends Carson a letter asking him to submit documentation to prove his citizenship status. While waiting for the additional documentation, the Marketplace allows Carson to enroll in a Marketplace plan. This notice lets Carson know that he has 60 days to submit his documents otherwise his coverage through the Marketplace, and any tax credit or help he's getting with costs will end.





DEPARTMENT OF HEALTH AND HUMAN SERVICES 465 INDUSTRIAL BOULEVARD LONDON, KENTUCKY 40750-0001

[Carson Wood] [Insert Address]

[January 14, 2015]

Application date: [December 14, 2014]

Application ID: [392750]

Important: Respond within 60 days to keep your Marketplace health coverage

We received the application you submitted for health coverage through the Health Insurance Marketplace. As a part of your application, you attested that the information you provided was accurate. We're following up because, as stated on your eligibility notice we previously sent to you, we need more information from you so you can keep your coverage through the Marketplace. The following individuals in your household need to send the Marketplace proof that they are a U.S. citizen, U.S. national, or have an eligible immigration status.

[Carson Wood]

Submit the requested documents using the enclosed instructions and bar code page. Including the bar code page helps us process your paperwork faster so you can keep your coverage through the Marketplace.

If you aren't lawfully present in the U.S., you can't get coverage through the Marketplace and you don't qualify for help paying your health coverage costs. If you got an advance premium tax credit to lower your monthly premium, but weren't qualified, you may have to pay back the advance premium tax credit that the Marketplace paid to your health plan.

#### What should I do next?

- 1. Look at the attached list of documents and make a copy of any documents you have from the list. It's possible that you may have to provide more than one document based on what documents you have.
- 2. Upload a **copy** of the documents to your My Account on HealthCare.gov. This is the fastest way to get your documents processed. If you can't upload a document to HealthCare.gov, you can mail the documents to the address below as proof that the individuals listed above are either U.S. citizens, U.S. nationals, or lawfully present in the U.S. If you mail documents, be sure to mail a COPY, and keep the originals for your records.

#### Where to send your documents

Send a copy of the documents to:

Health Insurance Marketplace **Attn: Supporting Documentation**465 Industrial Blvd.

London, KY 40750

Sincerely,

Health Insurance Marketplace Department of Health and Human Services 465 Industrial Boulevard London, Kentucky 40750-0001

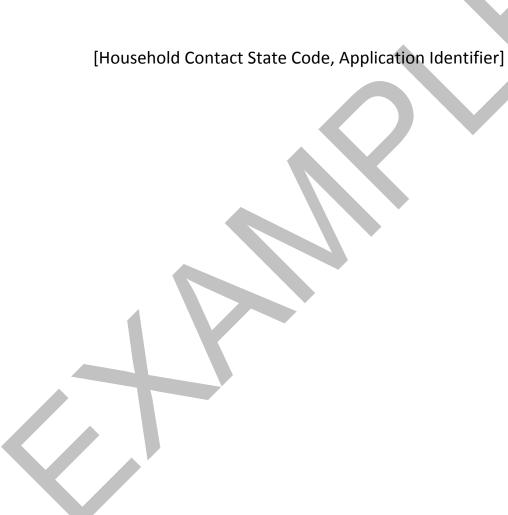
Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see https://www.healthcare.gov/privacy/). This notice was generated by the Marketplace based on 45 CFR 155.230 and 45 CFR part 155, subpart D. The PII used to create this notice was collected on the application you filled out and from other data sources through the electronic eligibility verification process used to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and for insurance affordability programs. For more information about the privacy and security of your PII, visit HealthCare.gov.

The Marketplace may have used data from a consumer reporting agency to help determine eligibility for the individuals on your application. If you have questions about this data, please contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

**Important:** Please include this page in the same envelope with your documents. This page helps the Marketplace make sure your documents can be easily associated with your application.

#### Remember to send the Marketplace the following:

- A copy of the documents proving citizenship, status as a national or eligible immigration status for the following individuals: [Carson Wood]
- 2. This page.



# DOCUMENTS NEEDED TO PROVE CITIZENSHIP, STATUS AS A NATIONAL OR ELIGIBLE IMMIGRATION STATUS

If you want to keep your coverage through the Marketplace you need to send additional documents. You nee to send us proof that you're either a citizen or national, or that you are lawfully present in the U.S. Please keep your original document and send us a copy.

## Documents to Prove Your Status as a U.S. Citizen or U.S. National

If you're a citizen, you only need <u>one</u> document from the first list below to prove U.S. citizenship or nationality:

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued Enhanced Driver's License (available in Michigan, New York, Vermont and Washington)
- Document from a Federally recognized Indian Tribe that includes the person's name, the name of the Federally recognized Indian Tribe that issued the document, and shows the person's membership, enrollment or affiliation with the Tribe. Documents you can provide include:
  - A Tribal enrollment card
  - A Certificate of Degree of Indian Blood
  - A Tribal census document
  - Documents on Tribal letterhead signed by a Tribal official

If you are a U.S. citizen or national but you don't have any of the documents listed above, you need to send in two documents: one from each of the lists below:

#### Send in one document from this list:

- U.S. public birth certificate
- Consular Report of Birth Abroad (FS-240, CRBA)
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- U.S. Citizen Identification Card (I-197 or the prior version I-179)
- Northern Mariana Card (I-873)
- Final adoption decree showing the person's name and U.S. place of birth
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth
- U.S. life, health or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the LLS
- School record showing the child's name and U.S. place of hirth
- Federal or State census record showing U.S. citizenship or U.S. place of birth
- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)

#### And one document from this list:

- Driver's license issued by a State or Territory or Identification card issued by the Federal, State, or local government
- School identification card
- U.S. military card or draft record or Military dependent's identification card
- U.S. Coast Guard Merchant Mariner card
- Voter Registration Card
- For children under 19, a clinic, doctor, hospital, or school record, including preschool or day care records
- Two documents containing consistent information about an applicant's identity, such as employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds or titles

These documents must have a photograph or other information such as name, age, sex, race, height, weight, eye color, or address

#### If you have questions:

Go to HealthCare.gov/marketplace. Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

#### **Documents to Prove Immigration Status**

Send us your most recent immigration document that shows your current immigration status so that we can decide if you're still eligible in your state. You should have one of the following documents:

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Notice of Action (I-797)
- Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Certification from U.S. HHS ORR
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security



# Getting Help in a Language Other than English

If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-318-2596.

Here's a listing of the available languages and the same message provided above in those languages:

## (Arabic) العربية

لك الحق في الحصول على المساعدة والمعلومات في اللغة الخاصة بك مجانا. وللتحدث مع مترجم في اللغة العربية حول سوق التأمين الصحي، يرجى الاتصال على 2596-318-1-800.

## 中文 (Chinese)

你有權利免費用您的語言獲得幫助和資訊。要用中文與傳譯員探討健康保險市場,請致電1-800-318-2596。

#### Français (French)

Vous avez le droit d'obtenir de l'aide et des renseignements dans votre langue sans aucun coût. Pour consulter un interprète en français quant au Marché d'assurance santé, composez le 1-800-318-2596.

#### Kreyòl (French Creole)

Ou gen tout dwa pou resevwa èd ak enfòmasyon nan lang ou pou gratis. Pou pale avèk yon entèpretè an Kreyòl konsènan Mache Asirans Medikal (Health Insurance Marketplace), rele 1-800-318-2596.

## Deutsch (German)

Sie haben das Recht, Hilfe und Informationen kostenlos in Ihrer eigenen Sprache in Anspruch zu nehmen. Um mit einem Dolmetscher für die deutsche Sprache über den "Health Insurance Marketplace" zu sprechen, rufen Sie bitte diese Nummer an: 1-800-318-2596.

# ગુજરાતી (Gujarati)

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, ક્રૉલ કરો 1-800-318-2596

# हिन्दी (Hindi)

आपके पास अपनी भाषा में सहायता व सूचना नि:शुल्क प्राप्त करने का अधिकार है। हेल्थ इंश्योरेंस मार्केटप्लेस (स्वास्थ्य बीमा बाजारस्थल) के बारे में हिन्दी में दुभाषिए से बात करने के लिए 1-800-318-2596 पर फ़ोन करें।

# 한국어 (Korean)

귀하는 귀하의 언어로 도움과 정보를 무료로 받을 수 있는 권리가 있습니다. 한국어로 건강 보험 시장(Health Insurance Marketplace)에 대하여 통역사에게 이야기하려면, 1-800-318-2596 번으로 전화하십시오.

#### Polski (Polish)

Każdy ma prawo uzyskać bezpłatnie pomoc i informacje we własnym języku. Aby porozmawiać z tłumaczem po polsku na temat Rynku Ubezpieczeń Zdrowotnych (Health, Insurance Marketplace), należy zadzwonić pod numer 1-800-318-2596.

#### Português (Portuguese)

Você tem o direito de obter ajuda e informação em seu idioma e sem nenhum custo adicional. Para falar com um intérprete de [Português] sobre o Mercado de Seguros de Saúde, ligue para 1-800-318-2596.

#### Русский (Russian)

Вы имеете право бесплатно получить помощь и информацию на родном языке. Чтобы поговорить с переводчиком на русском о платформе Health Insurance Marketplace (рынок медицинского страхования), позвоните по телефону 1-800-318-2596.

#### **Español (Spanish)**

Usted tiene el derecho a recibir ayuda e información en su idioma sin costo alguno. Para comunicarse con un intérprete en español relacionado con el Mercado de seguros médicos, llame al 1-800-318-2596.

#### Tagalog (Tagalog)

Mayroon kang karapatan makakuha ng tulong at impormasyon sa iyong wika na walang gastos. Upang makipag-usap sa isang tagapagsalin sa Tagalog tungkol sa Health Insurance Marketplace, tumawag sa 1-800-318-2596.

# **(Urdu)** اردو

آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ہیلتھ انشورنس مارکیٹ پلیس کے بارے میں کسی مترجم سے اردو میں بات کرنے کے لئے 2596-318-1800 پر رابطہ کریں۔

## tiếng Việt (Vietnamese)

Quý vị có quyền nhận sự giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên bằng tiếng Việt về Thị Trường Bảo Hiểm Sức Khỏe, xin gọi số 1-800-318-2596.



June 2013